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Resolution adopted by the Human Rights Council on 28 September 2017

36/13. Mental health and human rights

The Human Rights Council,

Guided by the purposes and principles of the Charter of the United Nations,

Guided also by the Universal Declaration of Human Rights and by all relevant international human rights treaties, in particular, the International Covenant on Civil and Political Rights, the International Covenant on Economic, Social and Cultural Rights, the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, the Convention on the Elimination of All Forms of Discrimination against Women, the Convention on the Rights of the Child and the Convention on the Rights of Persons with Disabilities,

Reaffirming Human Rights Council resolution 32/18 of 1 July 2016 on mental health and human rights and Council resolutions on the rights of persons with disabilities,

Welcoming the Sustainable Development Goals, including Goal 3, on ensuring healthy lives and promoting well-being for all at all ages, its specific and interlinked targets and its close interlinkages with Goal 1, on eradicating poverty, and Goal 10, on reducing inequalities,

Underscoring that the full realization of human rights and fundamental freedoms for all contributes to the efforts to implement the Sustainable Development Goals, while recognizing that, inter alia, discrimination, stigma, corruption, violence and abuse are major obstacles in this regard,

Underscoring also that the implementation of the Sustainable Development Goals contributes to the full realization of human rights and fundamental freedoms for all,

Reaffirming that all human rights are universal, indivisible, interrelated, interdependent and mutually reinforcing,

Reaffirming also that all human beings are born free and equal in dignity and rights, and recognizing that these rights derive from the inherent dignity of the human person,

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Reaffirming further that everyone has the right to life, liberty and security of person, the equal right to live independently and be included in the community and the right to equal recognition before the law, and that no one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment,

Recalling the general principles reflected in the Convention on the Rights of Persons with Disabilities, namely respect for inherent dignity, individual autonomy and independence, and full and effective participation and inclusion in society,

Reaffirming the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, and emphasizing that mental health is an integral part of that right,

Taking note of the work of the treaty bodies in relation to issues of mental health and human rights, including in the context of their general comments, in particular Committee on the Rights of Persons with Disabilities general comment No. 5 (2017) on living independently and being included in the community,

Reaffirming the right of everyone to be guaranteed the full enjoyment of their human rights and fundamental freedoms, without discrimination of any kind,

Deeply concerned that persons with mental health conditions or psychosocial disabilities, in particular persons using mental health services, may be subject to, inter alia, widespread discrimination, stigma, prejudice, violence, abuse, social exclusion and segregation, unlawful or arbitrary institutionalization, overmedicalization and treatment practices that fail to respect their autonomy, will and preferences,

Equally concerned that such practices may constitute or lead to violations and abuses of their human rights and fundamental freedoms, sometimes amounting to torture or other cruel, inhuman, or degrading treatment or punishment, and conscious that greater commitment is needed to address all remaining challenges in this regard,

Recognizing the need to protect, promote and respect all human rights in the global response to mental health-related issues, and stressing that mental health and community services should integrate a human rights perspective so as to avoid any harm to persons using them and to respect their dignity, integrity, choices and inclusion in the community,

Concerned at the instances of multiple, intersecting and aggravated forms of discrimination, stigma, violence and abuses that affect the enjoyment of human rights in the context of mental health, and recalling how important it is for States to adopt, implement, update, strengthen or monitor, as appropriate, laws, policies and practices to eradicate any form of discrimination, stigma, violence and abuse in this regard,

Recognizing the particularly important role that psychiatry and other mental health professions should have, alongside, inter alia, government institutions and services, actors within the justice system, including the penitentiary system, civil society organizations and national human rights institutions, in taking measures to ensure that practices in the field of mental health do not perpetuate stigma and discrimination or lead to violations or abuses of human rights,

Acknowledging that the Convention on the Rights of Persons with Disabilities laid the foundation for a paradigm shift in mental health and created the momentum for deinstitutionalization and the identification of a model of care based on respect for human rights that, inter alia, addresses the global burden of obstacles in mental health, provides effective mental health and community-based services and respects the enjoyment of legal capacity on an equal basis with others,

Reaffirming that the right to the enjoyment of the highest attainable standard of physical and mental health is an inclusive right, and reaffirming also the need to address issues related to health care and to the underlying determinants of health in this context,

Recalling that, according to the Constitution of the World Health Organization, health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity,

Concerned that there is a continuing lack of parity between physical and mental health reflected in the marginalization of mental health within health policies and budgets or in medical education, research and practice, and stressing the importance of investing more on mental health promotion through a multisectoral approach that is based on respect for human rights and that also addresses the underlying social, economic and environmental determinants of mental health,

Underscoring that States should ensure that persons with mental health conditions or psychosocial disabilities, in particular persons using mental health services, have access to a range of support services that are based on respect for human rights in order to live independently, be included in the community, exercise their autonomy and agency, participate meaningfully in and decide upon all matters affecting them and have their dignity respected, on an equal basis with others,

Reaffirming the right of refugees and migrants to the enjoyment of the highest attainable standard of physical and mental health, and underscoring the vulnerable situations that can have a negative impact on the mental health of persons on the move,

Recognizing that women and girls with mental health conditions or psychosocial disabilities at all ages, in particular those using mental health services, face an increased vulnerability to violence, abuse, discrimination and negative stereotyping, and underscoring the need to take all appropriate measures to ensure access to mental health and community services that are gender-sensitive,

Acknowledging that the multiple or aggravated forms of discrimination, stigma, violence and abuse often faced by people living with, presumed to be living with or affected by HIV/AIDS and by members of key populations have negative consequences on their enjoyment of the highest attainable standard of mental health,

Convinced that the Human Rights Council, in fulfilling its responsibility to promoting universal respect for the protection of all human rights and fundamental freedoms for all, without distinction of any kind and in a fair and equal manner, has an important role to play in the area of mental health and human rights, to foster constructive international dialogue and cooperation, and to promote human rights education and learning, and also advisory services, technical assistance, capacity-building and awareness-raising,

Acknowledging the leadership of the World Health Organization in the field of health and also the work that it has carried out to date to, inter alia, integrate a human rights perspective into mental health, and recalling the commitment of States to achieve this through the implementation of the Organization's comprehensive mental health action plan 2013-2020,

1. *Takes note with appreciation* of the report of the United Nations High Commissioner for Human Rights on mental health and human rights;[1]

[1] A/HRC/34/32.

2. *Also takes note with appreciation* of the report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health on the right of everyone to mental health;[2]

3. *Further takes note with appreciation* of the report of the Special Rapporteur on the rights of person with disabilities on the provision of different forms of rights-based support for persons with disabilities, including access to adequate decision-making support when seeking to make informed health-related choices;[3]

4. *Reaffirms* the obligation of States to protect, promote and respect all human rights and fundamental freedoms and to ensure that policies and services related to mental health comply with international human rights norms;

5. *Urges* States to take active steps to fully integrate a human rights perspective into mental health and community services, and to adopt, implement, update, strengthen or monitor, as appropriate, all existing laws, policies and practices with a view to eliminating all forms of discrimination, stigma, prejudice, violence, abuse, social exclusion and segregation within that context, and to promote the right of persons with mental health conditions or psychosocial disabilities to full inclusion and effective participation in society, on an equal basis with others;

6. *Also urges* States to address the underlying social, economic and environmental determinants of health and to address holistically the range of barriers arising from inequality and discrimination that impede the full enjoyment of human rights in the context of mental health;

7. *Encourages* States to take concrete steps towards recognizing the importance of addressing mental health by, inter alia, promoting the participation of all stakeholders in the development of public policies in this regard, promoting prevention and training programmes for social, health and other relevant professionals, integrating mental health services into primary and general health care, and providing effective mental health and other community-based services that protect, promote and respect the enjoyment of the rights to liberty and security of person and to live independently and be included in the community, on an equal basis with others;

8. *Calls upon* States to abandon all practices that fail to respect the rights, will and preferences of all persons, on an equal basis, and that lead to power imbalances, stigma and discrimination in mental health settings;

9. *Urges* States to develop community-based, people-centred services and supports that do not lead to overmedicalization and inappropriate treatments in, inter alia, the fields of clinical practice, policy, research, medical education and investment, and that do not fail to respect the autonomy, will and preferences of all persons;

10. *Calls upon* States to take all the measures necessary to ensure that health professionals provide care of the same quality to persons with mental health conditions or psychosocial disabilities, in particular persons using mental health services, as to others, including on the basis of free and informed consent by, inter alia, raising awareness of the human rights, dignity, autonomy and needs of these persons through training and the promulgation of ethical standards for public and private health care;

11. *Strongly encourages* States to support persons with mental health conditions or psychosocial disabilities to empower themselves in order to know and demand their

[2] A/HRC/35/21.
[3] A/HRC/34/58.

rights, including through health and human rights literacy, to provide human rights education and training for health workers, police, law enforcement officers, prison staff and other relevant professions, with a special focus on non-discrimination, free and informed consent and respect for the will and preferences of all, confidentiality and privacy, and to exchange best practices in this regard,

12. *Encourages* States to promote the effective, full and meaningful participation of persons with mental health conditions or psychosocial disabilities and their organizations in the design, implementation and monitoring of law, policies and programmes relevant to realizing the right of everyone to the enjoyment of the highest attainable standard of mental health,

13. *Recognizes* the need to promote the mainstreaming of a human rights perspective into mental health in all relevant public policies,

14. *Encourages* States to provide technical support and capacity-building through international cooperation to countries that develop and implement policies, plans, laws and services that promote and protect the human rights of persons with mental health conditions or psychosocial disabilities, in accordance with the present resolution, in consultation with and with the consent of the countries concerned,

15. *Requests* the High Commissioner to organize a consultation lasting one and a half days, no later than during the seventy-first session of the World Health Assembly, to discuss all relevant issues and challenges pertaining to the fulfilment of a human rights perspective in mental health, the exchange of best practices and the implementation of technical guidance in this regard, including the initiatives of the World Health Organization on mental health and human rights, such as QualityRights;

16. *Also requests* the High Commissioner to provide the above-mentioned consultation with all the services and facilities necessary to fulfil its activities, including by making the discussions fully accessible to persons with disabilities;

17. *Further requests* the High Commissioner to invite to the consultation Member States and all other stakeholders, including relevant United Nations bodies, agencies, funds and programmes, in particular the World Health Organization, the special procedures, in particular the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, the Special Rapporteur on the rights of persons with disabilities and the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, the treaty bodies, national human rights institutions and civil society, including persons with mental health conditions or psychosocial disabilities, in particular persons using mental health services, and their organizations;

18. *Requests* the High Commissioner to prepare a report on the outcome of the consultation, to be presented to the Human Rights Council at its thirty-ninth session, in which he identifies strategies to promote human rights in mental health and to eliminate discrimination, stigma, violence, coercion and abuse in this regard, including through education and the training of all stakeholder groups;

19. *Decides* to remain seized of the matter.

38th meeting
20 September 2017

[Adopted without a vote.]